

DETERMINATION OF DISABILITY

SPECIFIC LEARNING DISABILITY

Denver Public School District

Legal Name of Student: _____ District ID: _____
School of Attendance: _____ Date of Meeting: _____

DEFINITION: Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific Learning Disability does not include problems that are primarily the result of: visual, hearing, or motor disabilities; significant limited intellectual capacity; significant identifiable emotional disability; cultural factors; environmental or economic disadvantage; or limited English proficiency. The specific learning disability prevents a student from receiving reasonable educational benefit from general education alone.

The student meets the following criteria:

1. The **student does not achieve adequately for the student's age or to meet State-approved grade-level standards** in one or more of the areas identified below, when provided with experiences and instruction for his/her age or State-approved grade-level standards, *and*

2. The student **does not make sufficient progress to meet age or State-approved grade-level standards** in the area(s) identified when using a process **based on the student's response to scientific, research-based intervention**.

Check all areas that meet both conditions:

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Mathematical Calculation | <input type="checkbox"/> Oral Expression |
| <input type="checkbox"/> Reading Fluency Skills | <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Mathematical Problem Solving | <input type="checkbox"/> Written Expression |

The team has considered that the learning problems in the area(s) indicated above.

(All must be checked as "are not" for eligibility determination in the area of SLD)

Rule Outs

| | | |
|------------------------------|----------------------------------|---|
| <input type="checkbox"/> Are | <input type="checkbox"/> Are Not | Primarily the result of Significant Limited Intellectual Capacity |
| <input type="checkbox"/> Are | <input type="checkbox"/> Are Not | Primarily the result of a Significant Identifiable Emotional Disability |
| <input type="checkbox"/> Are | <input type="checkbox"/> Are Not | Primarily the result of a Vision Impairment |
| <input type="checkbox"/> Are | <input type="checkbox"/> Are Not | Primarily the result of a Hearing Disability |
| <input type="checkbox"/> Are | <input type="checkbox"/> Are Not | Primarily the result of a Motor Disability |
| <input type="checkbox"/> Are | <input type="checkbox"/> Are Not | Primarily the result of Cultural Factors |
| <input type="checkbox"/> Are | <input type="checkbox"/> Are Not | Primarily the result of Environmental or Economic Disadvantage |

The attached evaluation report must contain documentation of the following:

☐ **A body of evidence that demonstrates**

☐ **Academic Skill deficits**, and

☐ **Insufficient progress in response to scientific, research-based intervention in the area(s)** identified above, including:

1. The **instructional strategies used**, and

2. The **student centered data collected including documentation of repeated assessments of achievement at reasonable intervals**

☐ **An observation of the student's academic performance** in the area(s) of difficulty in the learning environment, including the relevant behavior and relationship of that behavior to the student's academic functioning.

The educationally relevant medical findings: **Rule Outs**

☐ exist and are described, or

☐ Do not exist

The documentation that the parents were notified about:

☐ The State's policies regarding the amount and nature of student performance data collected and the general education services provided

☐ The right to request an evaluation

☐ Strategies for increasing the student's rate of learning

☐ Results of repeated assessments of student's progress

☐ A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s).

☐ Agreement or disagreement with team decision by multidisciplinary team members

| Team Member | Title | Indicate Agreement | Initial | Team Member | Title | Indicate Agreement | Initial |
|-------------|-------|--|---------|-------------|-------|--|---------|
| _____ | _____ | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | _____ | _____ | _____ | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | _____ |
| _____ | _____ | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | _____ | _____ | _____ | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | _____ |
| _____ | _____ | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | _____ | _____ | _____ | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | _____ |
| _____ | _____ | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | _____ | _____ | _____ | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | _____ |
| _____ | _____ | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | _____ | _____ | _____ | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | _____ |

☐ Dissenting opinion attached if any team members disagree with eligibility determination

☐ Determined not to be a child/student with a Specific Learning Disability based upon the criteria outlined in the document